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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*** *LKB*  
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THIS APPLICATION IS A CIP OF 29/128,272 08/21/2000

**\*\* FOREIGN APPLICATIONS \*\*** *NONE LKB*  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 04/10/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LKB</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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<b>FILING FEE RECEIVED</b> 652	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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